



Student Records Request

Student/Parent/Guardian Information:

Student (Print Full Name): _____ Date of Request: _____

Date of Birth: _____ Grade: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Consent:

I _____, *authorize...*
Parent/Guardian Name (please print)

Previous School: _____ Phone: _____ Fax: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

...to release ALL available records pertaining to the following information on behalf of the student listed above:

- | | |
|---|--|
| <input type="checkbox"/> Academic Records/Transcript | <input type="checkbox"/> Behavioral/Disciplinary Reports |
| <input type="checkbox"/> Immunization/Health Records | <input type="checkbox"/> Social Work/Counseling |
| <input type="checkbox"/> Standardized Test Scores | <input type="checkbox"/> Attendance |
| <input type="checkbox"/> Applicable Legal/Court Documents | <input type="checkbox"/> IEP/504 |

_____ *I authorize the requested records to be sent to:*
Initial

Current School: _____ Phone: _____ Fax: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Signature of Parent/Guardian: _____ Date: _____